



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

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All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Marc B. d'Avignon, MD, PC	
Doing Business As	Westwood Imaging Center	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	P.O. Box 787, 40 Dale Road Avon, CT 06001	
Applicant type (e.g., profit/non-profit)	For Profit, Professional Corporation	
Contact person, including title or position	Suzanne Berwick, BS Practice Administration	
Contact person's street mailing address	40 Dale Road, Avon, CT 06001	
Contact person's phone #, fax # and e-mail address	860-677-5082 860-677-2713 xray1993@aol.com	

**SECTION II. GENERAL APPLICATION INFORMATION**

a. Proposal/Project Title: REPLACEMENT OF EXISTING HELICAL CT SCANNER

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b. Type of Proposal, please check all that apply:

X Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc)       | X Replacement                          | <input type="checkbox"/> Additional (F, S, Fnc)      |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation    | <input type="checkbox"/> Service Termination         |
| <input type="checkbox"/> Bed Addition          | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> New     | <input type="checkbox"/> Replacement        | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator |  |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address): 40 Dale Road, Avon, CT

d. List all the municipalities this project is intended to serve: Avon, Burlington, Canton, Farmington, Granby, New Hartford, Simsbury, Torrington, West Hartford

e.

f. Estimated starting date for the project: May 2006

Type of project: 20

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$12,000.00
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$12,000.00
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	(Included)
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$12,000.00</b>
Fair Market Value of Leased Equipment	\$380,000.00
<b>Total Capital Cost</b>	<b>\$392,000.00</b>

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
Multi-Slice CT	GE	LightSpeed Plus	1	\$392,000.00

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity      ☒ Lease Financing      ☐ Conventional Loan  
☐ Charitable Contributions      ☐ CHEFA Financing      ☐ Grant Funding  
☐ Funded Depreciation      ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROJECT DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

**SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT**

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☒ This request is for Replacement Equipment.
- ☒ The original equipment was authorized by the Commission/OHCA in Docket Number: 00-Z1
- ☒ The cost of the equipemtn is not to exceed \$2,000,000.
- ☒ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

#### SECTION IV PROJECT DESCRIPTION

Marc B. d'Avignon, MD, is licensed as a Physician & Surgeon, State of Connecticut, and is Board Certified in Diagnostic Radiology with Special Competence in Nuclear Radiology by the American Board of Radiology.

As President of Marc B. d'Avignon, MD, PC, Dr. d'Avignon, is the sole owner of Westwood Imaging Center, 40 Dale Road, in the Town of Avon. Westwood Imaging Center (WIC) has and continues to serve the Farmington Valley area since 1990, specifically the towns of Avon, Burlington, Canton, Farmington, Granby, New Hartford, Simsbury, and some areas of Torrington, and West Hartford.

There are two other CT units in Avon, one located on Route 10 and the other on Nod Road.

WIC is an accredited facility meeting the requirements of the American College of Radiology. The GE Helical HighSpeed Dxi CT was installed in 1999 and was under \$400,000; therefore, did not require a CON. The GE HighSpeed Dxi CT has reached "end of life use" and is no longer being supported by GE. Parts are not readily available resulting in increasing inefficiency and patient delays.

Marc B. d'Avignon, MD, PC respectfully proposes replacement of the current GE Helical CT Scanner with a GE Multislice CT LightSpeed Plus. Said replacement would provide a greater standard of care and would upgrade diagnostic capabilities, as well as improve maintenance and service response time that cannot be provided at present.

**AFFIDAVIT**

Applicant: Marc B. d'Avignon, M.D.,

Project Title: Replacement of Existing CT DXi

I, Marc B. d'Avignon, M.D., President of Marc B. d'Avignon, M.D., P.C., d.b.a. Westwood Imaging Center being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Westwood Imaging Center complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Marc B. d'Avignon, MD  
Signature

01/27/06  
Date

MARC B. d'AVIGNON, MD, PC  
WESTWOOD IMAGING CENTER

Subscribed and sworn to before me on January 27, 2006

Gail E. O'Connor, VP  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

**Gail E. O'Connor**  
**NOTARY PUBLIC**  
**State of Connecticut**  
**My Commission Expires 9/30/2009**

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical